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ABSTRACT

Sexual activity in psychotherapeutic and supervisory relationships breaches counseling ethical standards, some state legal codes, and is perceived as unethical by a majority of mental health practitioners. Many therapists do experience sexual feelings for their clients and supervisees, and an alarming number act out these feelings with clients, supervisors, and counseling student supervisees. Although managing sexual feelings within counseling and supervisory relationships is a significant dilemma, many practitioners in the mental health field do not feel this issue is adequately addressed as part of their training. This paper examines the prevalence and effects of sexual feelings and intimacy within therapeutic dyads and explores ways that counseling programs can help students manage them through effective training and supervision. It states that by taking an active role to effectively teach counseling students, supervisors, and educators sexual responsibility, counseling training programs can help safeguard the ethical integrity of the counseling profession and protect clients from possible sexually-instilled damage that could filter through the supervisory situation. (Contains 17 references.) (JDM)

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Managing Sexual Attraction in Counseling: Training and Supervisory Implications

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Abstract

Sexual activity in psychotherapeutic and supervisory relationships breaches counseling ethical standards, some state legal codes, and is perceived as unethical by a majority of mental health practitioners. However, many therapists experience sexual feelings for their clients and supervisees. An alarming number actually act out these feelings with clients, supervisors, and counseling student supervisees. Although managing sexual feelings within counseling and supervisory relationships is a significant dilemma in the mental health field, many practitioners feel this issue was not adequately addressed in their training programs. This document examines the prevalence and effects of sexual feelings and intimacy within therapeutic dyads and explores ways that counseling programs can help students manage them through effective training and supervision.

Managing Sexual Attraction in Counseling: Training and Supervisory Implications

Due to the widely known detrimental effects that counselor-client sexual relationships have on counseling consumers (Rodolfa, Hall, Holms, Davena, Komatz, Antunez, & Hall, 1994), the professional standards for the AACD (American Association for Counseling and Development, now the ACA), APA (American Psychological Association), and NBCC (National Board for Certified Counselors) all explicitly state that sexual contact with current clients is unethical (Heiden, 1993). The reason for this is that "(p)rofessional counseling constitutes a fiduciary relationship in which counselors are entrusted to protect the welfare of their clients. When sexual contact occurs during these relationships, the critical element of trust is violated" (Thoreson, Shaughnessy, & Frazier, 1995, p. 84). Specifically, clients who experienced sexual contact with their therapists reported feelings of depression, guilt, suicidal impulses, and had difficulty trusting others (Thoreson et al., 1995). The ACA and APA ethical standards forbid sexual contact with former clients for at least two years following therapy termination, and strongly suggest that clinicians avoid any kind of sexual relations with former clients even after this two-year interval (Thoreson, Shaughnessy, Heppner, & Cook, 1993).

Regardless of these explicit guidelines against sexual activity in counseling and the resulting negative effects experienced by clients, these relationships between client and therapist have not only been one of the most frequently violated ethical standards, they are the source of many lawsuits against clinical practitioners (Heiden, 1993; Rodolfa et al., 1994). In a nationwide survey of 900 ethical complaints reported to 32 state counselor licensing boards, the second most frequent ethical violation was engaging in sexual activity with a client (Neukrug, Healy, & Herlihy, 1992).

According to the supervision literature, about 3% to 12% of psychotherapy clinicians have experienced some kind of sexual contact with clients. Males reported sexual relations with clients more often than did females (Rodolfa et al., 1994). In a random sample of 137 clinicians in 100 United States college counseling facilities, 1.8% reported having had a sexual encounter with a client during a therapeutic relationship and 4.5% admitted to at least one sexual encounter with a former client. About 86% of those respondents felt that any kind of sexual contact with a current client was unethical while only 60% felt it was unethical after termination of therapy (Sherry, Teschendorf, Anderson & Guzman, 1991).

Thoreson et al. (1993; 1995) found significant differences in sexual behavior between male and female counselors. In two separate studies, they found that 1.7% of 366 ACA male members surveyed (Thoreson et al., 1993) had engaged in sexual behavior with clients during a working relationship and 7.0% experienced sexual contact with a client after professional relationship. In a study of 377 female ACA members, Thoreson et al. (1995) found that 0.7% of respondents engaged in sexual contact during a counseling relationship and 2.6% had sexual contact outside a professional therapeutic relationship with a client. Further, these studies revealed that females engaged in sexual behaviors while in professional relationships more often when they were in a low-power role like counselee, supervisee, or student (1.3% to 2.1%) than when in a high-power role like counselor, supervisor, or instructor (0% to 0.7%). Conversely, men had sexual contact more often when in a high-power position (1.7% to 2.5%) than in a low-power position (0.3% to 0.8%).

Faculty-student and clinical supervisor-trainee sexual activity has also occurred at rates that are somewhat higher than counselor-client sexual activity, reflecting an ethical ambivalence in

this area (Thoreson et al., 1993). Although section 2.10 of the Association for Counseling Education and Supervision's Ethical Guidelines for Clinical Supervision clearly discourages dual relationships between supervisors and supervisees and clearly forbids sexual contact (ACES, 1993 as cited in Bernard & Goodyear, 1998), these experiences were reflected in research investigating sexual relations in the supervisory environment. Of 315 female ACES members, 6% disclosed experiencing sexual contact with their educators. Of the 28 total encounters reported, 15 were with instructors, eight were with clinical supervisors and five were with academic advisors. About half occurred during the working relationship. Although these encounters were consensual, these women, when reflecting upon their experiences, felt they were coercive and negatively affected the working relationship (Miller & Larrabee, 1995).

Thoreson et al. (1993; 1995) theorized that one's attitudes can be a strong predictor of one's actions. Between 80% and 95% of counseling students they surveyed considered sexual contact with current clients, supervisees, and students as always harmful and unethical, leaving between 5% to 20% who did not share this perspective. Overall, most felt that sexual interactions during a professional relationship was worse than after termination, and contact with clients was more serious than with students or supervisees. Sherry et al. (1991), in surveying the ethical attitudes and behaviors of 137 university counselors, reported that only 86.2% felt that sexual activity with a current client was always unethical. In fact, about 1.8% indicated they had been sexually involved with current clients and 4.5% with clients following termination of the counseling relationship. Perhaps those whose attitudes toward sexual activity within a professional relationship are ambivalent are more likely to act on sexual feelings (Thoreson, 1993; 1995).

Research has indicated that feelings of sexual attraction are not uncommon in either counselor-client or supervisor-trainee relationships, considering the personal intensity of these situations. In a survey of 396 APA member therapists from university settings, researchers found that 88% were sexually attracted to at least one client; 94% of the males and 81.3% of the females. About a half of these therapists felt the attraction helped generate more empathy toward their client, but most felt negative feelings such as guilt, distress, and a disconnection with their emotional boundaries that distanced them from their clients. Most sought outside consultation, but about a quarter did not and about four percent of the therapists acted out their sexual feelings (Rodolfa et al., 1994). These findings were consistent with similar studies surveying social workers (Sehl, 1998), psychology students (Ladany, O'Brien, Hill, Melincoff, Knox, & Petersen, 1997), and counselors (Thoreson et al., 1993; 1995).

Although sexual attraction is a common occurance, therapists hesitate to deal with this issue in the open because it is a taboo topic. Feeling sexually attracted to clients fills therapists with anxiety and is considered by many to be a sign of incompetence (Ellis & Douce, 1994; Gilbert, 1987; Sehl, 1998). However, the majority of mental health training programs do not provide students with instructional tools on how to handle these feelings in an ethical manner when confronted with them (Ellis & Douce, 1994). Most programs in psychotherapy offer ethics as a required course, but minimal time is devoted to how to handle sexual attraction in therapy. This reluctance to address sexual feelings produces unprepared, uninformed therapists who may inadvertently damage their clients by violating sexual ethical standards (Sehl, 1998; Vasquez, 1988).

Blanchard and Lichtenberg (1998), surveyed 357 APA members and psychotherapy

training programs and found that of the 80% who experienced sexual attraction in a therapeutic situation, only 36% said they would seek supervision as an intervention. Most stated they would reflect upon the situation and, alarmingly, 1.1% indicated they might act upon those sexual feelings. Although 95% of the training programs surveyed indicated they covered sexual attraction in their curricula, only 56.7% of APA member respondents reported that they had received such training, and only 58.6% of those who received training rated it as adequate. Overall, 62% of those who did not receive training reported they would have been better prepared to deal with sexual attraction had they received training. This lack of preparation in managing sexual attraction is consistent with other literature reviews (Ladany et al., 1997).

Critique -- A Need for Training

Because sexual activity in counseling relationships has damaging repercussions on clients and the counseling profession and a significant number of mental health professionals feel unprepared to manage sexual feelings towards clients, counseling programs need to do a better job of delivering sound training on managing sexual feelings in therapy. Ellis and Douce (1994) found that sexual attraction is one of the eight most frequent issues that surfaces during clinical supervision. They point out that although counselors are expected to refrain from acting upon sexual feelings, they have not been properly equipped to do so. Therefore, these issues need to be addressed in a direct, systematic manner in counselor training programs, necessitating supervisors to be thoroughly instructed on how to approach the topic with trainees.

Ladany et al. (1997) suggested a comprehensive approach, which included normalizing the topic of sexual attraction by communicating in a non-judgmental way that feeling sexual undercurrents in therapy sessions is not an uncommon phenomena so that trainees feel safe and

comfortable talking about it. Most trainees are uncomfortable bringing up the topic with their supervisors because they feel it is embarrassing and unimportant. (Heiden, 1993; Ladany et al., 1997). Consequently, supervisors and instructors should take the initiative to do this. Gilbert (1987) stated that those students who receive such training and an opportunity to discuss sexual attraction in a supportive, non-judgmental environment are most likely to seek consultation when faced by this dilemma in post-graduate clinical practice.

The counseling supervision literature described intuitively sensible methods to teach sexual ethics in a counseling relationship (Colby & Long, 1994; Heiden, 1993; Rodolfa et al., 1990; Vasquez, 1988) or at least made suggestions about how supervisors should approach the topic (Ellis & Douce, 1994; Gilbert, 1987; Ladany et al., 1997). Although some of these studies included participant evaluation forms (Colby & Long, 1994; Heiden, 1993), all of them failed to track the efficacy of their proposals.

Vasquez (1988) discussed a few major areas involved in developing trainee ethical responsibility. First, he proposed that psychotherapy training programs should promote trainees' awareness about how one's sexuality and gender role socialization can create sexual tension in a counselor-client dyad. Trainees need to know the negative consequences clients suffer as a result of client-therapist sexual activity like suicide attempts and hospitalizations as well as ethical and legal consequences. Secondly, he suggested building trainee self-awareness of personal and sexual boundaries through frank, open discussions, exchange of feedback, and role plays. Further, the program climate itself should be conducive to learning ethical behavior as modeled by faculty members who promote egalitarian, non-sexually exploitive behaviors that discourage dual relationships among students. Finally, students should receive continual feedback and

opportunities to improve their skills and remediate problem behavior, but ultimately psychotherapy programs have a responsibility to prevent sexually problematic students from entering the field (Vasquez, 1988). Although Vasquez's (1988) instructional concept was mentioned several times by other researchers as an effective training strategy (Colby & Long, 1994; Ellis & Douce, 1994; Heiden, 1993; Rodolfa, Kitzrow, Vohra, & Wilson, 1990; Rodolfa et al., 1994; Thoreson et al, 1993, 1995) he did not back up his suggestions with empirical research. His suggestions to help students become self-aware of sexual attraction in therapy, set personal boundaries, and react to hypothetical situations seemed intuitively effective and helpful, but no empirical evidence demonstrated the efficacy of his suggestions.

Heiden (1993) suggested that both didactic and experiential methods of instruction should be used, especially during practicum and internship supervision. Because trainees do not bring up the topic of sexual attraction, supervisors need to take an active role in investigating the topic, help trainees reflect upon it, and be supportive when discussing it. Heiden (1993) and Rodolfa et al. (1990) suggested similar prevention programs. The basic goals of both programs are to strengthen trainees' morality and ego strength, enabling them to adopt ethical means of handling sexual attraction and temptation within the therapeutic dyad. Didactically, presentations covering ethical guidelines, laws, sexual intimacy, gender role socialization, informed consent responsibilities, managing multiple roles, and receiving necessary supervision and consultation are presented. Trainees then practice moral behavior by engaging in small-group discussions and role plays of sexual scenarios. They openly discuss how the situations can happen and how to deal with them, why they are harmful to their clients, and effective preventative steps and interventions to take. However, results outcomes measuring what effect participation in these prevention

strategies had on students' attitudes and behaviors toward sexual attraction in a counseling relationship were not provided. Neither study followed students into their professional practices to determine the long-term effects of participating in these training programs or even whether participants felt more prepared to handle sexual attraction appropriately.

Colby and Long (1994) described a mock-trial exercise that provided comprehensive training in legal knowledge, theoretical understanding behind the laws and ethical codes, and development of ethical and moral attitudes and behavior. By partnering with a law school program and legal experts in the community, a real-life experiential scenario that illustrated personal and legal consequences of engaging in sexual contact in therapy was created. Researchers found that students gained insight regarding accountability, case note preparation, malpractice issues, and courtroom practices. Although evaluation reports of students' perceptions and satisfaction with the program were included, the study did not investigate the students' pre- and post-course attitudes toward sexual contact with clients nor did it investigate their future behaviors as counselors. Students' subjective self-reports of knowledge gained and level of satisfaction does not indicate how they will actually react to feeling sexually attracted to a client and whether they are more likely to avoid sexually acting out. It would be more useful to know whether being exposed to information actually causes students to think more seriously about the legal, ethical, and emotional consequences sexual behavior has on clients. Since attitudes about sexual behavior in therapy may be often indicative of behavior (Thoreson, 1993; 1995), perhaps it would also be beneficial to conduct a correlative study determining if attitudes about sexual activity can predict acting out sexual feelings with clients.

Gilbert (1987) underscores the importance of making counselor trainees aware of how

their gender-specific needs for dependence may cause them to be vulnerable to sexually acting out these dependency needs with a client. She provides suggestions on how to make students aware of their gender-stereotyped vulnerabilities, suggests several teaching instruments like videos and books, and alludes to role-play scenarios that could be used as a teaching tool. However, there is minimal direction regarding how to specifically implement her suggestions within the context of a counseling or psychotherapy training program, and there is minimal empirical evidence illustrating the effectiveness of her ideas.

A common suggestion throughout much of the literature was that counseling faculty and supervisors need to adhere to professional ethical guidelines of not engaging in sexual relationships with students (Gilbert, 1987; Thoreson, 1993, 1995; Vasquez, 1988). The fact that counselors are more likely to engage in sexual activity with a student or trainee than a client because they feel it is less harmful than with a client (Sherry et al., 1991; Thoreson, 1993, 1995) is concerning. Counseling faculty members who believe that a sexual relationship with a student is okay, but assert the depravity of sexual activity with clients not only send a conflicting, hypocritical message to students, but risk harm to counseling consumers. Because students who engaged in sexual activity with their supervisors and professors were more likely to engage in sexual activity with their clients, counseling educators need to model sound ethical sexual behavior (Thoreson, 1993).

Many characteristics of supervision parallel that of therapy. Specifically, both supervisors and therapists must maintain objectivity and act in a responsible manner to further supervisees' and clients' development rather than further their own personal agendas. Given the power differential in both scenarios, the supervisor and therapist are responsible for the sexual tenor of

their respective relationships (Larrabee & Miller, 1993). Just as trainees sometimes replicate clients' issues in supervision, they can model supervision dynamics in therapeutic situations. So, if a trainee is having an intimate relationship with a supervisor, this sexual behavior may be replicated in a therapeutic situation, which is damaging to the counseling consumer (Larrabee & Miller, 1993). Because sexual behavior between faculty or supervisors and students may filter into practicum, internship, and ultimately, post-masters' professional counseling dyads, an effort to train supervisors and educators about how to manage sexual feelings within their supervisory dyads is also essential.

In conclusion, sexual feelings in counseling and supervisory dyads are normal occurrences. If these impulses go unchecked and acted upon, serious repercussions to clients and the counseling profession result. Although most training programs claim to address these issues, they have not done so in a sufficient manner as evidenced by the significant number of counselors who feel unprepared to handle these feelings. Further, although creative instructional approaches have been suggested in the literature, there are no empirical outcome studies to test the effectiveness of them. Therefore, longitudinal studies measuring students' attitudes and behaviors following participation in these programs need to be initiated. In addition, similar programming in the form of in-service presentations and workshops needs to be conducted and empirically tested with current counseling faculty and clinical internship and practicum supervisors to ensure students have ethically responsible role models. By taking an active role to effectively teach counseling students, supervisors, and educators sexual responsibility, counseling training programs can help to safeguard the ethical integrity of the counseling profession and protect clients from possible sexually instilled damage that could filter though the supervisory situation.

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